Wyoming Secretary of State

Max Maxfield Secretary of State



Patricia O'Brien Arp Deputy Secretary of State

ATTACHEMENT Line 12 to Form 269

WYOMING SECRETARY OF STATE Fund 481 (HAVA Title II)

SF 269 Long Form
As Amended 2/2/2007

RECEIVED U.S. ELECTION ASSISTANCE COMMISSION

I. Footnote interest earned on requirements payments during the reporting period.

Interest on federal requirements payments 5/1/04 to 9/30/04 = \$90,455.51

II. Note cumulative interest earned on requirements payments to 9/30/04.

Cumulative interest on federal payments as of 9/30/04 = \$90,455.51

III. (a) Note total appropriated for state 5% match.

Total 5% State match = \$579,840.15

(b) Note total interest earned on [state] funds by end of the reporting period.

Total interest earned on state match as of 9/30/04 = \$6,972.52

IV. Note total state maintenance of effort (MOE) spent during reporting period.

Total MOE for period 7/1/04 to 6/30/05 = \$191,064

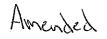
V. Total MOE appropriated for next state fiscal year.

Total MOE appropriated for 7/1/05 to 6/30/06 = \$211,387

Elections: (307) 777-7186 Securities: (307) 777-7370 Technology: (307) 777-5953 Fax: (307) 777-7640 State Capitol Building 200 West 24th Street Cheyenne, WY 82002 Phone: (307) 777-7378 Business Division Notaries & Rules Phone: (307) 777-7311 Fax: (307) 777-5339

E-mail: secofstate@state.wy.us Website: http://soswy.state.wy.us





FINANCIAL STATUS REPORT

(Long Form) (Follow instructions on the back) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned OMB Approval Page of to Which Report is Submitted By Federal Agency No. 0348-0039 U.S. Election Assistance Commission Help America Vote Act 3. Recipient Organization (Name and complete address, including ZIP code) Wyoming Secretary of State 200 West 24th Street, Rm. 110, Chevenne, WY 82002 4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report 7. Basis 🗖 Yes 🗵 No ☑ Cash ☐ Accrual 8. Funding/Grant Period (See instructions) 9. Period Covered by this Report From: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) To: (Month, Day, Year) 5/1/2004 9/30/2004 5/1/2004 9/30/2004 10. Transactions: ш This Period Previously Reported Cumulative a. Total outlays 2,503,096,16 2,503,096.16 b. Refunds, rebates, etc. 0.00 c. Program income used in accordance with the deduction alternative 0.00 d. Net outlays (Line a, less the sum of lines b and c) 0.00 2,503,096.16 2,503,096.16 Recipient's share of net outlays, consisting of: 0.00 e. Third party (in-kind) contributions Other Federal awards authorized to be used to match this award 0.00 g. Program income used in accordance with the matching or cost 0.00 sharing alternative h. All other recipient outlays not shown on lines e, f or g 0.00 i. Total recipient share of net outlays (Sum of lines e, f, g and h) 0.00 0.00 0.00 j. Federal share of net outlays (line d less line i) ስ ስስ 2,503,096.16 2,503,096.16 k. Total unliquidated obligations 9,093,706.84 I. Recipient's share of unliquidated obligations 579,840.15 m. Federal share of unliquidated obligations 0.00 n. Total Federal share (sum of lines j and m) 2,503,096.16 o. Total Federal funds authorized for this funding period 11,687,258.51 p. Unobligated balance of Federal funds (Line o minus line n) 9,184,162.35 Program Income, consisting of: q. Disbursed program income shown on lines c and/or g above r. Disbursed program income using the addition alternative s. Undisbursed program income 99,353.68 t. Total program income realized (Sum of lines q, r and s) 99.353.68 Type of Rate (Place "X" in appropriate box) 11. Indirect ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed b. Rate Expense C. Base d. Total Amount e. Federal Share 12. Remarks: Atlach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. MOE= \$191,064 Interest on Federal = \$90,455.51 Interest Match = \$8,898.17 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents Typed or Printed Name and Title Telephone (Area code, number and extension) Patricia O'Brien Arp, Ph.D., Deputy Secretary of State 307-777-7378

Previous Edition Usable NSN 7540-01-012-4285

Signature of Authorized Certifying Official

269-104

Standard Form 269 (Rev. 7-97)

Date Report Submitted January 25, 2007

2007 FEB -5 AN IO: 47

5/1/2004 to 9/30/2004

	PRINCIPAL DEPOSIT AMOUNT	PRINCIPAL ONLY NO INTEREST	REFUNDS OR REPAYMENTS	INTEREST THIS PERIOD	TOTAL AVAILABLE MONEY	EXPENDITURES	ENDING BALANCE
Federal \$	\$11,596,803.00	\$11,596,803.00	\$0.00	\$90,455.51	\$11,687,258.51	(\$2,503,096.16)	\$9,184,162.35
State Match	\$579,840.15	\$579,840.15	\$0.00	\$6,972.52	\$586,812.67	\$0.00	\$586,812.67
	\$12,176,643.15	\$12,176,643.15	\$0.00	\$97,428.03	\$12,274,071.18	(\$2,503,096.16)	\$9,770,975.02